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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1946

State File No. 7961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1327

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Depaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ann

(c) City or town St Louis 10 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3723 Palm st 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME KAZIMIERZ ~~COSIMER~~ SOKOLOWSKI

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Sokolowski

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 16 (Day) 1896 (Year)

8. AGE: Years 49 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Poland (City, town, or county) 4 (State or foreign country)

10. Usual occupation shoe worker

11. Industry or business Falcon shoe Co

FATHER
12. Name Felix Sokolowski
13. Birthplace Poland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Elizette Rudawicz
15. Birthplace Poland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mary Sokolowski
(b) Address 3723 Palm st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Fund Co
(b) Address 1841 Cass ave

19. (a) FEB 8 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 5th day
year 1946 hour 11 minute 45 a. M.

21. I hereby certify that I attended the deceased from Jan 26, 1946 to Feb 5, 1946
that I last saw him alive on Feb. 4, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature D. B. Lavan (M. D. or other) MD
Address Humboldt Bldg. St. Louis Date signed 2/7/46

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....3575.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.